United Nations E/ICEF/2001/P/L.45/Add.1

Economic and Social Council

Distr.: Limited
16 November 2001
English
Original: English/French

For action

United Nations Children's Fund
Executive Board
Second regular session 2001
10-14 December 2001
Item 5 of the provisional agenda*

Country programme recommendation**

Morocco

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board should approve the amount of $6,983,000 from general resources, subject to the availability of funds, and $11,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, under the country programme for Morocco for the period 2002 to 2006.

* E/ICEF/2001/12.
** The original country strategy note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the "Summary of 2001 recommendations for general resources and supplementary funding programmes" (E/ICEF/2001/P/L.73).

01-64439 (E) 041201 051201

Contents

		Page
	The situation of children and women	3
	Programme cooperation, 1997-2001	4
	Recommended programme cooperation, 2002-2006	6

List of tables

1.	Basic statistics on children and women[1]	12
2.	Expenditure under previous cooperation period, 1997-2001	14
3.	Planned yearly expenditures	15
4.	Linkage of programme budget and staffing/staff costs	16

[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. In recent years, Morocco has seen a significant decline in the infant and infant and child mortality rates, which fell from 69 to 37 per 1,000 live births and from 92 to 46 per 1,000 live births, respectively, between 1987 and 1997, according to the Pan-Arab Project for Child Development (PAPCHILD) survey. Nine out of 10 children are vaccinated, and there have been no recorded cases of polio since 1990. According to the Ministry of National Education, the overall school enrolment rate was 85 per cent for the school year 2000/01, as against 56 per cent in 1990/91. Nevertheless, there are still great disparities between rural and urban areas: in rural areas, the overall school enrolment rate is 76.6 per cent (93 per cent in cities) and 70 per cent for girls (91 per cent in urban areas); 83 per cent of women are illiterate (45.5 per cent in urban areas); and the rural infant and child mortality rate is double that of urban areas (61 per 1,000 live births in rural areas as against 30 per 1,000 live births in urban areas). Three quarters of women in rural areas give birth without medical assistance and the maternal mortality rate is 307 per 100,000 live births (as against 125 in urban areas). Nearly a third of the rural population lives over 10 kilometres from a health centre. The rate of access to drinking water is 54.6 per cent in rural areas and 93 per cent in urban areas. The poverty rate is increasing: 19 per cent of the population (27.2 per cent in rural areas) as against 13 per cent in 1990-1991.

2. The situation in the education sector remains a source of concern: insufficient attention is paid to the development of young children; 40 per cent of children enrolled in first grade do not finish primary school (Ministry of National Education). Major contributing factors are: families' poverty, mothers' illiteracy, distance from school, overly academic curricula, lack of teaching materials and teaching methods and attitudes.

3. Neonatal problems and infectious diseases such as diarrhoea, acute respiratory infections and parasitic infections are some of the major causes of deaths among children under five. Malnutrition often accompanies these factors: one fourth of children under five are developmentally delayed. National surveys have revealed rates of iron deficiency which are still high among children (32 per cent), pregnant women (37 per cent) and women of childbearing age (33 per cent), as well as a very low rate of household consumption of iodized salt (26 per cent overall, 12 per cent in rural areas). There is a high risk of contracting human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), particularly among adolescents. Access to health care and medicine remains problematic in rural areas. Integrated Management of Childhood Illness (IMCI) is the primary strategy used in improving children's health.

4. The Government has ratified International Labour Organization (ILO) Convention No. 182 on the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour. The minimum legal age of employment has been raised from 12 to 15 and a national action plan aimed at progressively eradicating child labour has been elaborated. Nearly 70 per cent of children assigned to reform institutions have committed only minor offences or been convicted of vagrancy and reform of the juvenile justice system is currently a priority for the Government. The problem of street children is growing in urban areas. The various forms of violence against children have begun to attract increasing attention in the country.

5. The national report on follow-up to the World Summit for Children has created new opportunities, increasing the interest and commitment of the country's highest authorities with regard to children's issues. A major effort to harmonize legislation with the Convention on the Rights of the Child is under way. The lack of awareness of child-related attitudes and behaviour is a major obstacle to the success of communications projects. There is as yet no information network devoted solely to children.

Programme cooperation, 1997-2001

6. Programme cooperation in the period from 1997 to 2001 has shown the value of decentralized actions involving community participation, the need to link experience in the field with national policies and strategies, and the possibility of using the applied strategies more widely. In addition, the United Nations Children's Fund (UNICEF) has played a major role in mobilizing political authorities and civil society around children's issues.

7. The rural development programme has shown that the rural commune is the entity which should be supported in order to standardize and build on experience in the field. The integrated actions undertaken in the areas of education, health, water supply/sanitation and advancement of women have resulted in improved social indicators. For example, in the commune of Iguerferouane, the immunization rate for children under one rose from 73 per cent to 90 per cent, the overall school enrolment rate for girls rose from 14 per cent to 65 per cent and the rate of access to drinking water increased from 5 per cent to 76 per cent. An intervention model has been proposed, for wide-scale replication: identification of pilot communes, creation of new management and participation structures, and launching of plans to benefit children at the commune and province levels. UNICEF has also strengthened its partnership with local non-governmental organizations.

8. Cooperation platforms have been created with the Ministries of National Education and Health, allowing for better targeting of activities. Local experiences are beginning to be placed within the framework of a national design. In the field of education, this has resulted in: drafting of a manual for social mobilization; strengthening of local strategies to reduce dropping out; development of a methodology for regionalization of curricula for formal and non-formal systems; dissemination of a method for long-term monitoring of learning; and experiments with an alternative model for community-based nursery schools. With regard to health, support for the development of national policies and strategies has resulted in inter alia: drafting of a manual on school health issues; elaboration of a new approach for providing mobile health care in isolated rural areas; development of a post-natal medical examination model; support for efforts to combat iodine deficiency and trachoma; and activities to increase awareness of adolescent health issues.

9. The childhood protection programme involved: targeting priority issues in each intervention zone, linking actions more closely to national priorities and increasing coordination between provincial and national partners. As a result: a local network of non-governmental organizations working with child artisans has been created; education, health and recreation activities have been made available to girls employed in domestic service and child artisans; support has been provided for the

development of a national strategy for the reintegration of street children and a partnership has been initiated between a child welfare agency and an NGO working with street children; and labour inspectors and educators working with children in conflict with the law have received training in the rights of the child, which has led to changes of attitude and behaviour that have been confirmed in evaluations. Studies of dropping out and child labour have highlighted some of the causes of those phenomena: families' poverty, the poor quality of the education system, certain teacher behaviours (physical/verbal violence) and poor learning conditions.

10. In the area of communication, the development of a media network has increased awareness and strengthened advocacy. Support for the children's parliament as well as youth clubs has encouraged children's participation. Action to publicize the Convention on the Rights of the Child among children and social workers has increased awareness of the rights of the child. A partnership with the National Drinking Water Office and the National Railway Office has provided an opportunity to mobilize resources from the economic sector on behalf of children. The national report on the objectives of the World Summit, supported by the monitoring and evaluation project, has increased the interest and level of commitment of the Government and non-governmental organizations for ongoing analysis of the situation of the child and the establishment of a child-centred information system at a national and decentralized level.

Lessons learned from previous cooperation

11. The lessons learned are essentially the same as those described in the country note. The mid-term review noted that: pilot projects in the field had borne little or no relevance to national policies and strategies as would be required in order to ensure the sustainability and replicability of activities; insufficient attention had been paid to protecting certain groups of children; the programme had included unrealistic objectives and widely scattered activities, sometimes with little relationship to its objectives; health and education projects had been insufficiently emphasized; the communications aspect had not played the key role originally intended; and monitoring and evaluation had been largely neglected. The programme carried out in rural areas demonstrated the need to include two factors essential to the success of a decentralized programme: implementation of a system of partnership at the national, provincial and local levels and relevance to national policies and strategies.

Recommended programme cooperation, 2002-2006

General resources: $6,983,000

Supplementary funding: $11,000,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Support for national priorities	1 645	2 200	3 845
Support for children in rural areas	2 188	4 175	6 363
Child protection	1 434	2 578	4 012
Promotion of and follow-up to the Convention	1 258	2 010	3 268
Cross-sectoral costs	458	37	495
Total	**6 983**	**11 000**	**17 983**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparatory process

12. In 2000, an in-house brainstorming workshop was convened with the support of the Regional Office, prior to resumption of discussions with the Government. The resulting policy paper was introduced at a policy meeting attended by more than a hundred national partners, non-governmental organizations and representatives of bilateral and multilateral cooperation agencies. Policy dialogues were continued with a view to finalizing the country programme. The process was highly participatory and was viewed by the Government as emblematic of cooperation and dialogue with all partners. The education thematic committee chaired by UNICEF was actively involved in the context of the United Nations Development Assistance Framework (UNDAF).

Country programme aims and objectives

13. The goal of the country programme is to help the national authorities to more fully and quickly realize children's right to survival, development, protection and participation. Activities will be guided by two overall objectives: promoting progressive incorporation of the Convention principles in national policies and strategies and in regulations designed to provide effective protection for all children; and supporting the Government and its partners in their efforts to guarantee access to basic education and high-quality basic health care for all children.

Linkages with national and international priorities

14. The priorities and objectives of the cooperation programme accord fully with the key approaches identified by the national authorities in: the Five-year Economic and Social Development Plan 2000-2004; the National Charter for Education and

Training for the next decade; the National Plan of Action and the Government's sectoral plans for the abolition of child labour; and the National Strategy for the rehabilitation of street children. The cooperation programme is fully in line with the increasing commitment of the Royal Family, the higher authorities of the country and civil society to promote the rights of the child in the context of the Global Movement for Childhood. A second common country assessment (CCA) has been finalized, and an UNDAF is being drafted.

Programme strategy

15. The strategic framework of the Morocco-UNICEF cooperation programme 2002-2006 will be based on the Convention on the Rights of the Child. The cooperation programme will adopt a decentralized and integrated approach using documented pilot projects to inform centrally developed policies and strategies. The programme will promote a child-centred, community-based development model that will build on local resources and competences. The programme will also create partnerships and alliances through child-centred advocacy and social mobilization, supported by an information and monitoring and evaluation system capable of providing relevant data on the situation of children.

16. The country programme will comprise four programmes. The programme of support for national priorities will help to develop key national policies and strategies in the fields of education and health. The support for children in rural areas programme will make those policies and strategies operational. The child protection programme will provide a consistent response to the problems encountered by specific categories of children in difficult circumstances and will be carried out both in the field and at the national level. The programme for promotion and monitoring of the Convention will provide overall support for the country programme in the areas of communication, monitoring and evaluation. Geographical coverage will be achieved by building on progress, by targeting communes and provinces where children and their mothers continue to be particularly deprived of their basic rights, and by taking advantage of opportunities for partnership with other agencies of the United Nations system, bilateral and multilateral cooperation agencies, local non-governmental organizations and the private sector. UNICEF will rely on its comparative advantages and seek to ensure complementarity of efforts.

17. *Support for national priorities.* This programme will involve the development of innovative and high-quality intervention models to support universal access to basic education and improved access to primary health care. The programme will comprise two projects and will build on experience gained in the field, by promoting participatory and community-based approaches.

18. The education project will help the Government to achieve its stated objectives: namely, to enhance the quality of development efforts for young children; to enable 90 per cent of school children to finish primary education; and to strengthen the non-formal education system by increasing coverage from 72,000 to one million children. The main activities will include: elaboration and adoption of a set of specifications and quality standards governing child development efforts; development of pre-school, primary and non-formal curricula; creation of linkages between the various educational systems and sectors; and creation of information and training tools for teachers and parents in order to improve the quality of

education. Regular resources will essentially be devoted to strengthening efforts to improve the quality of basic education; other resources will be used to further the development of the early childhood and non-formal education sectors.

19. The health project will support the Government in pursuit of its stated goals of: achieving a child immunization coverage rate of 95 per cent; improving access to high-quality basic health care for children under six, mothers and newborn infants, including rural communities; and combating key emerging diseases affecting adolescents (such as HIV/AIDS and drug addiction). The strategy will focus on: supporting the development of relevant and effective policies; enhancing the expertise of health professionals (with emphasis on quality, community participation and decentralized management); and providing advocacy for the mobilization of other partners and donors. Priority will be given to strategies promoting community participation and partnership. Support for national priorities will involve the implementation in the field of integrated projects in the context of the support for children in rural areas programme and the child protection programme. Priority use will be made of regular resources to finance strategic areas such as immunization, activities related to maternal health and community participation as part of the Integrated Management of Childhood Illness (IMCI) initiative. Other funds will be used to support efforts to combat nutritional deficiencies and promote prevention initiatives among adolescents.

20. *Support for children in rural areas.* This programme — to be implemented as part of efforts to reduce disparities between rural and urban areas — will focus on the integration of activities. It will promote a local development model capable of wide-scale replication and will test in remote areas approaches developed at the national level in the area of early childhood development, basic education, maternal health and access to basic health care. The main innovation will be the participatory approach piloted by local leaders and involving the local community, non-governmental organizations and provincial authorities, to be realized through development and implementation of decentralized child-centred development plans. Regular resources will essentially be used for the first project (strengthening local competences), while other resources will be used to fund the second project.

21. The developing local competences project will aim to provide communes with the knowledge and expertise they will need to evaluate the situation of children in their communities and to establish local child development plans. The project will emphasize the development of local competences and seek to empower the partners — including communities and families — by actively involving rural communes.

22. The right to survival and child development project will be linked to priority activities identified by the programme of support for national priorities as well as those identified in community plans developed at the grass-roots level. The project will be subdivided into four activity areas: early childhood development; formal education; non-formal education, basic health; and water, hygiene and sanitation. In targeted areas, objectives in the field of education will include: promoting the development of 60 per cent of young children (0-6 years) through parent education and pre-school activities; increasing by 30 per cent the retention rate in primary schools in targeted communities; and building on local experience in non-formal education to cover 70 per cent of children of school age who are not attending school. In the field of health, the priorities will be: to ensure mobile health coverage

(including access to essential medicines) for 300,000 inhabitants; to establish basic services providing adequate care to 40,000 children under five each year; to improve the quality of care provided to 8,000 newborns and 8,000 women each year (pregnancy, childbirth and post-partum care); and to ensure the ongoing monitoring of the health of 4,000 pupils receiving basic education. Efforts to provide safe drinking water will continue to act as a catalyst of the participatory approach, with a positive impact on health and education. The active participation of women in various development committees will also be supported.

23. *Child protection.* This programme will seek to promote ownership by political decision makers of experiments conducted in remote areas for children in difficult circumstances, thus contributing to the development of national policies and strategies. Priority will be given to enhancing the expertise of institutions and non-governmental organizations, ensuring mobilization of and advocacy with various target populations and establishing education and health centres for children covered by the project. Networking for expertise and experience-sharing will be heavily promoted. Regular resources will primarily be devoted to: efforts to rehabilitate street children; identification of alternatives to institutionalization; and enhancing the expertise of non-governmental organizations. Other resources will be allocated to initiatives to combat child labour and innovative approaches to dealing with emerging problems.

24. The children in institutions project (including children in conflict with the law) will support any measures aimed at: achieving greater harmonization of national legislation with international standards, including in the area of juvenile justice; identifying alternative solutions to institutional placement; and ensuring that shelters for abandoned children make greater efforts to respect the rights of young children.

25. The child labour project aims to accelerate implementation of national legislation governing child labour and to promote the incorporation into national strategies of experience gained in pilot projects conducted at the decentralized level. The project will also seek to ensure access to education, health care and recreational facilities for 25 per cent of working children in targeted localities and to help working children educated in the non-formal sector to find jobs.

26. The street children project will strengthen efforts to rehabilitate such children by providing support for replicable local initiatives and acquisition of expertise by associations and non-governmental organizations active in the area.

27. The children at risk in urban/peri-urban zones project will contribute to promoting innovatory approaches to prevent and combat dropping out, while adding to the body of knowledge on emerging problems (sexually transmitted diseases, HIV/AIDS and drug addiction among adolescents; mistreatment and other abuse of children).

28. *Promotion of and monitoring of the Convention on the Rights of the Child.* This programme will comprise two projects. The communication project will aim to strengthen advocacy and social mobilization for children, with a strong emphasis on participation. It will also support the development of communication activities targeting behavioural change, associated with the implementation of cooperation programme priorities. To ensure the participation of children, the project will focus on the development of information tools tailored to children and the promotion of forms of child expression at the school, school-based and community levels. The

project will also seek to promote a children's rights culture and to incorporate it in daily practice through the design and implementation of appropriate plans to publicize the Convention on the Rights of the Child. Advocacy and mobilization campaigns targeted at opinion makers will be conducted and the role of goodwill ambassadors and of media networks reinforced with a view to strengthening and developing alliances for children. Priority use will be made of regular resources in producing communication materials and conducting studies; other resources will be devoted to the implementation of communication campaigns and the strengthening of alliances for children.

29. The monitoring and evaluation project will be aimed at developing information and follow-up systems that focus on children and should be useful in decision-making, formulation of appropriate policies and strategies for children and dynamic follow-up to the Convention. Emphasis will be placed on strengthening monitoring and evaluation capacities of the national and decentralized partners; coordination among the various departments involved and between the central and decentralized levels; strengthening of the partnership between the authorities and the non-governmental organizations involved; and support for the decentralization of information systems with a view to obtaining local action-oriented data. Adolescents and children, including members of the Children's Parliament or junior clubs of the Moroccan Child Protection League and the Ministry of Youth and Sport, will be asked to contribute to the monitoring and evaluation of their respective plans of action. Priority will be given to obtaining disaggregated indicators for the remote areas and to analysing and processing the data. The Government also plans, by 2005, to conduct a national population census and surveys on the standard of living of households and families. Action will also be basically financed from regular resources, while other funds will be used to extend the project to the decentralized level.

30. The *cross-sectoral costs* will cover the support needed for effective implementation of the cooperation programme by assuming the cost of three posts for assistants and various expenses connected with the operation of the office.

Monitoring and evaluation

31. Monitoring and evaluation will be vital to the success of the cooperation programme. Many tools will be used: the integrated monitoring and evaluation plan; reports of field missions; activity reports of the national and provincial monitoring committees and of the technical committees (education, health, communication, and monitoring and evaluation); and evaluations. The indicators and monitoring mechanisms will be reviewed with the partners on a regular basis, every six months and during the annual reviews, making it possible to assess the progress and impact of the various programmes and projects. The mid-term review scheduled for 2004 will help to identify any adjustment measures needed.

Collaboration with other partners

32. Special attention will be paid to the consolidation and strengthening of the partnership with bilateral and multilateral cooperation agencies and with the agencies of the United Nations system so as to enhance the impact of actions

planned with limited resources. The highly productive collaboration initiated with certain partners in key programme sectors will be pursued and enhanced, both with cooperation agencies represented in Morocco and with donors outside Morocco that express interest in the programme. Collaboration with the agencies must be consolidated, especially with the United Nations Educational, Scientific and Cultural Organization, the International Labour Organization, the United Nations Population Fund and the World Health Organization. UNICEF will continue to form part of the UNDAF thematic committees, including the education committee, over which it presides. The partnership approach based on regular consultation and coordination will take the form of periodic meetings and participation in the annual evaluation meetings, the mid-term review and the end-of-cycle evaluation. Joint field missions will also be instituted. A resource-mobilization strategy will be prepared and new opportunities identified. One of the challenges will be to design an effective and efficient partnership with the private sector, particularly inside Morocco.

Programme management

33. The management system set up after the mid-term review will generally be maintained. Overall coordination of all the programme components will be ensured by a steering committee headed by the Ministry of Foreign Affairs and Cooperation, which will include the coordinators of the four programmes' monitoring committees as well as representatives of the Ministries of National Education, Health and Economic Forecasting and of the National Institute for Children's Rights. This committee will conduct a biannual evaluation of the programme's progress and help to define the broad lines of the annual plans of action and engage in advocacy connected with political commitment on behalf of children.

34. For each programme a monitoring committee will ensure, inter alia, that the strategies adopted are implemented and that lines of action reflect the targets set; it will coordinate the implementation of joint activities in the programme target areas, and will prepare the documentation for the biannual and annual reviews. At the local level, provincial coordination will be provided by a multisectoral committee responsible for the planning, implementation and monitoring of activities in the field. At the grass-roots level, community committees will be formed and placed under the leadership of the head of the commune; they will be composed of elected members, community officials and administrative staff and local non-governmental organizations. These committees will represent the most decentralized management level able to ensure genuine involvement of the inhabitants and continuation of the participatory approaches built into the programme.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Morocco	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	46	(2000)	Middle U5MR
Infant mortality rate	41	(2000)	Middle IMR
GNP per capita	$ 1190	(1999)	Lower Middle Income
Total population	27.9 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	725	743	758	773
Infant deaths (under 1)	(thousands)	86	74	50	32
Under-five deaths	(thousands)	133	107	64	36
Under-five mortality rate (per 1,000 live births)		184	144	85	46
Infant mortality rate (under 1) (per 1,000 live births)		119	99	66	41

		About 1990	Most recent
Underweight children (under 5) (% weight for age, 1992)	Moderate & severe	9	..
	Severe	2	..
Babies with low birth weight (%, 1990)		9	..
Primary school children reaching grade 5 (%, 1990/1998)		75	75

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1992/1995)	65	31
Timely complementary feeding rate (6-9 mos.) (%, 1992/1995)	35	33
Continued breast-feeding rate (20-23 mos.) (%, 1992/1995)	19	20
Prevalence of wasting (0-59 mos.) (%, 1992)	2	..
Prevalence of stunting (0-59 mos.) (%, 1992)	23	..
Vitamin A supplementation coverage (%)	..	..
Household consuming iodized salt (%)	..	..

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 1995)		..	29
Routine EPI vaccines financed by government (%, 1999)		..	100
Use of improved drinking water sources (% of population, 1990/2000)	Total	75	80
	Urban/rural	94/58	98/ 56
Use of improved sanitation facilities (% of population, 1990/2000)	Total	58	68
	Urban/rural	88/31	86/ 44
Births attended by trained personnel (%, 1992/1995)		31	40
Maternal mortality rate (per 100,000 live births, 1997)		..	230

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	..	77	97	96	93
	DPT	..	51	81	91	91
	Polio	..	51	82	91	91
	Measles	..	45	80	88	90
Pregnant women (%) immunized against:	Tetanus	0	0	46	54	53

TABLE 1 (continued)

Morocco

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1990/1998)	Total	67/ 55	85/ 70
	Male	79/ 64	94/ 77
	Female	54/ 45	76/ 64
Secondary enrolment ratio (gross/net) (%, 1990/1996)	Total	35/..	39/..
	Male	41/..	44/..
	Female	30/..	34/..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	39	49
	Male/female	53/ 25	62/ 36
Radio/television sets (per 1,000 population, 1990/1997)		219/ 77	247/ 115

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000	
Total population	(thousands)		15310	19382	24624	29334	29878
Population aged 0-18 years	(thousands)		8235	9651	11458	12235	12302
Population aged 0-5 years	(thousands)		2828	3199	3473	3571	3596
Urban population (% of total)			34.5	41.1	46.9	52.6	53.2
Life expectancy at birth (years)	Total	52	57	63	67	68	
	Male		50	55	62	65	66
	Female		53	59	65	69	70
Total fertility rate			7.0	5.7	4.3	3.3	3.2
Crude birth rate (per 1,000 population)			47	38	31	26	26
Crude death rate (per 1,000 population)			17	12	8	6	6

		About 1990	Most recent
Contraceptive prevalence rate (%, 1992/1997)		42	59
Population annual growth rate (%, 1970-90/1990-99)	Total	2.2	1.7
	Urban	3.9	3.2

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1980-90/1990-99)		1.6	0.5
Inflation rate (%, 1980-89/1990-98)		7	4
Population below $1 a day (%, 1990-99)		..	2
Household income share (%, 1991)	Top 20%/bottom 40%	46/17	../..
Government expenditure (% of total expenditure, 1987/1995)	Health/education	3/17	3/17
	Defense	15	14
Household expenditure (% share of total, 1980 or 1985)	Health/education	3/ 6	../..
Official development assistance: (1990/1998)	$US millions	965	528
	As % of GNP	4	2
Debt service (% of goods and services exports, 1990/1997)		24	27

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1997-2001 a/

COUNTRY: MOROCCO
LATEST BOARD APPROVAL: 1996
REGULAR RESOURCES: $ 7,360,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources		Other resources		Total (RR & OR)	
	RR	OR	RR	OR	RR	OR	RR	OR	Actual	Planned	Actual	Planned	Actual	Planned
Advocacy and IEC	142	9	11	5	0	0	416	27	569	787	41	874	610	1,661
Primary health care	232	71	44	21	0	0	195	3	471	1,065	95	3,325	566	4,390
Basic education	261	126	49	7	0	0	136	(69)	446	950	64	1,850	510	2,800
Water, sanitation and hygiene	884	412	27	24	0	0	96	53	1,007	950	489	2,000	1,496	2,950
Advancement of women	128	77	31	25	0	0	221	145	380	470	247	750	627	1,220
Urban areas	648	171	8	0	0	0	303	238	959	500	409	1,000	1,368	1,500
Programme support	127	4	0	0	1,393	35	512	33	2,032	2,638	72	1,201	2,104	3,839
GRAND TOTAL	**2,422**	**870**	**170**	**82**	**1,393**	**35**	**1,879**	**430**	**5,864**	**7,360**	**1,417**	**11,000**	**7,281**	**18,360**

RR = Regular resources
OR = Other resources
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: MOROCCO

PROGRAMME CYCLE : [illegible]

	FUND	2002	2003	2004	2005	2006	TOTAL
SUPPORT FOR NATIONAL PRIORITIES	RR	329,000	329,000	329,000	329,000	329,000	1,645,000
	OR	440,000	440,000	440,000	440,000	440,000	2,200,000
	TOTAL	769,000	769,000	769,000	769,000	769,000	3,845,000
SUPPORT FOR CHILDREN IN RURAL AREAS	RR	437,380	439,200	438,700	437,600	434,750	2,187,550
	OR	834,970	834,970	834,970	834,970	834,970	4,174,850
	TOTAL	1,272,270	1,274,170	1,273,670	1,272,570	1,269,720	6,362,400
CHILD PROTECTION	RR	286,800	286,800	286,800	286,800	286,800	1,434,000
	OR	514,000	516,000	516,000	516,000	516,000	2,578,000
	TOTAL	800,800	802,800	802,800	802,800	802,800	4,012,000
PROMOTION AND FOLLOW UP TO THE CONVENTION	RR	257,346	253,257	250,225	248,737	248,921	1,258,486
	OR	402,030	402,030	402,030	402,030	402,030	2,010,150
	TOTAL	659,376	655,287	652,255	650,767	650,951	3,268,636
CROSS-SECTORAL COSTS	RR	84,554	88,743	92,275	94,863	97,529	457,964
	OR	9,000	7,000	7,000	7,000	7,000	37,000
	TOTAL	93,554	95,743	99,275	101,863	104,529	494,964
TOTAL, PROGRAMME BUDGET	RR	1,395,000	1,397,000	1,397,000	1,397,000	1,397,000	6,983,000
	OR	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	11,000,000
	TOTAL	3,595,000	3,597,000	3,597,000	3,597,000	3,597,000	17,983,000
STAFF COSTS a/		562,265	592,062	618,352	643,720	656,073	3,072,472
GENERAL OPERATING COSTS		185,080	187,376	202,897	209,184	225,844	1,010,381
TOTAL, ESTIMATE SUPPORT BUDGET		747,345	779,438	821,249	852,904	881,917	4,082,853
GRAND TOTAL		4,342,345	4,376,438	4,418,249	4,449,904	4,478,917	22,065,853

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

COUNTRY : MOROCCO
PROGRAME : 2002-2006

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREA AND FUNDING SOURCE	PROGRAMME BUDGET			Posts a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
SUPPORT FOR NATIONAL PRIORITIES	1,645,000		1,645,000	0	0	0	1	0	0	1	1	1	3	659,473	481,275	1,140,748
SUPPORT FOR CHILDREN RURAL AREAS	2,187,550		2,187,550	0	0	0	0	0	0	0	1	1	2	0	579,021	579,021
CHILD PROTECTION	1,434,000		1,434,000	0	0	0	0	0	0	0	1	2	3	0	546,394	546,394
PROMOTION/FOLLOW-UP TO CONV	1,258,486		1,258,486	0	0	0	0	0	0	0	0	2	2	0	186,244	186,244
CROSS-SECTORAL COSTS	457,964		457,964	0	0	0	0	0	0	0	0	3	3	0	427,964	427,964
TOTAL RR	6,983,000		6,983,000	0	0	0	1	0	0	1	3	9	13	659,473	2,220,898	2,880,371
OTHER RESOURCES :																
SUPPORT FOR NATIONAL PRIORITIES		2,200,000	2,200,000	0	0	0	0	0	0	0	0	1	1	0	65,119	65,119
SUPPORT FOR CHILDREN RURAL AREAS		4,174,850	4,174,850	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		2,578,000	2,578,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROMOTION/FOLLOW-UP TO CONV		2,010,150	2,010,150	0	0	0	0	0	0	0	1	0	1	0	360,150	360,150
CROSS-SECTORAL COSTS		37,000	37,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		11,000,000	11,000,000	0	0	0	0	0	0	0	1	1	2	0	425,269	425,269
TOTAL RR & OR	6,983,000	11,000,000	17,983,000	0	0	0	1	0	0	1	4	10	15	659,473	2,646,167	3,305,640
SUPPORT BUDGET	Operating costs		1,010,381													
	Staffing			0	0	1	1	0	0	2	2	5	9	1,491,996	1,580,476	3,072,472
GRAND TOTAL (RR + OR + SB)				0	0	1	2	0	0	3	6	15	24	2,151,469	4,226,643	6,378,112
Number of posts and staff costs:																
Current programme cycle										3	5	16	24			
At the end of proposed programme cycle (indicative only)										3	6	15	24	2,151,469	4,226,643	6,378,112

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.